

TFCW 1134



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**TRANSMITTAL
FORM**

Application Serial Number	10/537,455
Filing Date	October 31, 2005
First Named Inventor	Zetter
Group Art Unit	1634
Examiner Name	To be assigned
Attorney Docket No.	CMC-009
Patent No.	
Issue Date	

ENCLOSURES (check all that apply)

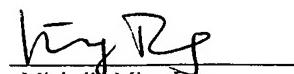
<input type="checkbox"/> Fee Transmittal Form <ul style="list-style-type: none"> <input type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form 	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences
<input type="checkbox"/> Amendment/Response <ul style="list-style-type: none"> <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____]	<input type="checkbox"/> Formal Drawing(s)	<input type="checkbox"/> Appeal Brief (in triplicate)
	<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal	<input type="checkbox"/> Status Inquiry
	<input checked="" type="checkbox"/> Power of Attorney (Revocation of Prior Powers) and Change of Correspondence Address	<input checked="" type="checkbox"/> Return Receipt Postcard
	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8
<input type="checkbox"/> Petition for Extension of Time	<input type="checkbox"/> Copy of Executed Declaration and Power of Attorney for Utility or Design Patent Application	<input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8
<input type="checkbox"/> Supplemental Information Disclosure Statement <ul style="list-style-type: none"> <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copy of IDS reference 	<input type="checkbox"/> Small Entity Statement	<input type="checkbox"/> Additional Enclosure(s) (please identify below)
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD(s) for large table or computer program	
<input type="checkbox"/> Sequence Listing submission <ul style="list-style-type: none"> <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above 	<input type="checkbox"/> Amendment After Allowance	
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SIGNATURE BLOCK

Respectfully submitted,


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PTO/SB/82 (01-06)

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/537,455
	Filing Date	October 31, 2005
	First Named Inventor	Zetter
	Art Unit	1634
	Examiner Name	To be assigned
	Attorney Docket Number	CMC-009

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number: 051414

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Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Brenda Manning</i>		
Name	Brenda Manning, Children's Hospital Boston		
Date	January 9, 2007	Telephone	<i>617-355-7050</i>

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of _____ forms are submitted.



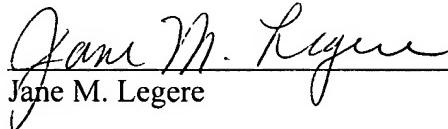
PATENT
Attorney Docket No. CMC-009

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Zetter, et al. CONFIRMATION NO. 6593
SERIAL NO.: 10/537,455 GROUP NO.: 1634
FILING DATE: October 31, 2005 EXAMINER: To be assigned
TITLE: Methods for Diagnosis and Prognosis of Cancer

CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 18th day of January, 2007.


Jane M. Legere

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Submitted herewith is/are:

1. Transmittal Form (1 page);
2. Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address (1 page); and
3. Return Receipt Postcard (1 page)